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0831/1109
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NORWALK CT 06856

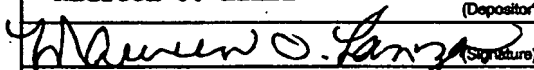
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Maureen O. Lanza

(Depositor's name)



(Signature)

February 9, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant	08/816,615	03/13/97	016 ISABELLA, D	3738 11/09/98

TITLE OF INVENTION MANZO, 35 USC 154(b) term ext. = 0 Days.

GRAFT ATTACHMENT ASSEMBLY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE United States Surgical Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Norwalk, CT 06856

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Neil D. Gershon Reg. No. 32,425

2/4/99

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